



City of Helena

2017 – 2018 Plan Year

Retiree Benefits Guide

The City of Helena offers medical, dental, and vision insurance to eligible retirees. The following is an overview of the 2017-2018 retiree benefit rates and plans. Additional information is available in the plan documents located on the Human Resources Intranet or by contacting the HR/Benefits Specialist at 406-447-8333.

Medical Insurance:

A choice of medical insurance plans is provided by Allegiance for eligible retirees and their families.

| RATES | BRIDGER | MADISON | MISSION | HDHP |
|----------------------------------|------------|------------|------------|----------|
| Retiree Only – Under 65 | \$730.00 | \$697.00 | \$643.00 | \$470.00 |
| Retiree Only – Over 65 | \$475.00 | \$453.00 | \$418.00 | \$306.00 |
| Retiree + Spouse – Both Under 65 | \$1,460.00 | \$1,394.00 | \$1,286.00 | \$940.00 |
| Retiree + Spouse – One Over 65 | \$1,205.00 | \$1,150.00 | \$1,061.00 | \$776.00 |
| Retiree + Spouse – Both Over 65 | \$950.00 | \$906.00 | \$836.00 | \$612.00 |

| COVERAGE | BRIDGER | MADISON | MISSION | HDHP |
|---|--|--------------------------------------|--------------------------------------|---------------------------------------|
| Annual Deductible | \$500 individual \$1,000 family | \$500 individual \$1,000 family | \$1,000 individual \$2,000 family | \$2,700 individual \$5,400 family |
| Benefit Percentage of Allowable – All Montana & Non-Montana Participating: | | | | |
| Before Out-of-Pocket Max | 80% | 70% | 60% | 80% |
| After Out-of-Pocket Max | 100% | 100% | 100% | 100% |
| Benefit Percentage of Allowable – Non-Montana, Non-Participating: | | | | |
| Before Out-of-Pocket Max | 60% | 50% | 40% | 60% |
| After Out-of-Pocket Max | 100% | 100% | 100% | 100% |
| Annual Out-of-Pocket Max | \$1,500 individual \$3,000 family | \$2,000 individual \$4,000 family | \$3,000 individual \$6,000 family | \$5,250 individual \$10,500 family |
| Generic Prescription | \$4 Co-Pay Retail / \$8 Co-Pay Mail Order | | | Deductible / 80% |
| Brand / Formulary Prescription | \$20 Co-Pay Retail / \$40 Co-Pay Mail Order | | | Deductible / 80% |
| Non-Formulary Prescription | \$50 Co-Pay Retail / \$100 Co-Pay Mail Order | | | Deductible / 80% |

MMIA (Self-Funded Health Plan Administrator)

Website: www.mmia.net
Toll Free: 1-800-635-3089
Local: 406-443-0907



Allegiance (Medical Claims Processor)

Website: www.askallegiance.com
Toll Free: 1-866-339-4308
Local: 406-721-2222



ProAct (Prescription Claims Processor)

Website: www.proactrx.com
Toll Free: 1-877-635-9545



MMIA Scripts (Mail-Order Prescription Provider)

Website: www.askallegiance.com
Toll Free: 1-866-488-7874



Dental Insurance:

Dental insurance is provided by Allegiance for eligible retirees and their families.

| RATES | |
|----------------------|---------|
| Retiree Only | \$40.78 |
| Retiree + Spouse | \$29.22 |
| Retiree + Child(ren) | \$24.80 |
| Retiree + Family | \$39.46 |

| COVERAGE | |
|--|---|
| Annual Deductible Per Plan Year | \$50 individual / \$150 family |
| Maximum Benefit Per Plan Year | \$1,250 per covered individual |
| Type A Expenses Preventative Care | Deductible Waived / 100% |
| Type B Expenses Basic Care | Deductible Applies / 80% |
| Type C Expenses Major Restorative Orthodontic Treatment | Deductible Applies / 50% |
| Maximum Orthodontic Lifetime Benefit | No Additional Deductible / 50% \$1,500 |

Allegiance (Dental Claims Processor)

Website: www.askallegiance.com

Toll Free: 1-877-1122

Local: 406-523-3199



Vision Insurance:

Vision insurance is provided by VSP for eligible retirees and their families.

| RATES | |
|--------------------|---------|
| Retiree Only | \$6.82 |
| Retiree + 1 Person | \$13.64 |
| Retiree + Family | \$21.46 |

| COVERAGE | |
|-------------------------------|------------------------------------|
| Annual Vision Exam | \$20 Copay |
| Frames & Lenses | \$20 Copay / \$150-\$170 allowance |
| Lens Enhancements | \$50-\$160 |
| Contacts (instead of glasses) | \$60 Copay / \$150 allowance |
| Diabetic Eyecare Program | \$20 Copay |
| Extra Savings | See Plan for Details |

VSP (Vision Claims Processor)

Website: www.vsp.com

Toll Free: 1-800-877-7195



Additional Information:

- The plan year begins on July 1, 2017 and ends June 30, 2018.
- Medical, dental, and vision insurance may be purchased individually.
- Once a retiree discontinues a benefit, they are unable to enroll in that benefit at a later date.
- Retirees may make changes to their benefit elections during open enrollment May 15 through June 9, 2017.
- If retirees do not make changes to their benefit elections during open enrollment they must have a life-qualifying event before a change can be made. Life qualifying events include: marriage, divorce, new dependent(s), and loss of coverage from another insurance provider. To make a change due to a life-qualifying event all documents must be completed and submitted within thirty (30) days of the event. Changes that are not made with thirty (30) days of the event will wait until the next open enrollment.
- Dependents may be covered with insurance up to the maximum age of 26. Once the dependent reaches the maximum age, the dependent will no longer be eligible for coverage at the end of the month they turn 26. Retirees will be contacted and responsible for completing the necessary forms to drop the dependent.
- Further information and plan documents about the benefits listed above are located on the City Human Resources Intranet <https://intranet.helenamt.gov/human-resources/benefits.html>.
- Please contact City HR for more information or questions at 406-447-8333 or CKrantz@helenamt.gov.